

U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under Pt. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| 1 File Number U 13292 | 2 Fiscal Year Covered From | | |
|---|--|--|--|
| | 1 / 1 / 2004 Through 12 / 31 / 2004 | | |
| 3 Name and address of person filing | 4 Name file number and address of labor organization | | |
| Name Robert L Wise | Name Operating Engineers Local Union No 3 | | |
| | Labor Organization File Number 035 651 | | |
| PO Box Bldg Room No if any | P O Box Building and Room Number if any , | | |
| Street 6746 Waverly Road | Street 1620 South Loop Road | | |
| City Martinez | City Alameda | | |
| State (California *R), ZIP Code + 4 94553 , | State California ZIP Code + 4 94502 | | |
| 5 Position in labor organization - Recording Corresponding Secre | etary | | |
| Enter appropriate data below if during the past fiscal year you or your spo (except as specified in the exclu | use or minor child directly or indirectly had any of the following interests usions set forth in the instructions) | | |
| A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization. | derived income or other economic benefit of on represents or is actively seeking to represent | | |
| 6 Name and address of Employer (including trade name if any) | 7 a Nature of Interest Transaction or Income | | |
| Name | 1 - A 1 | | |
| Trade Name if any | | | |
| P O Box Bldg Room No if any | | | |
| TO DOX BIOG (COM) TO I any | 7 b Amount | | |
| Street - , 22 Lt 3 (11 71 131 17 | א ב א א ב א א ב | | |
| City C 2 2 1112 2 21 1 1 7 | 16ft (-1 LM2 11 | | |
| State 0 1 1 ZIP Code + 4 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 0.4 J (17 \^4 | | |
| Signature | | | |
| 15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned s knowledge and belief true correct and complete (See the se | ring documents) has been examined by the signatory and is to the best of the | | |
| Dobort Lilia | 1 -1 (60) | | |
| Signed A MAN X I I July | | | |
| | On 811-103 925-935 1895 C Date Telephone Number | | |

| ^ | |
|---|--|

| Name of Person Filing Robert Wise | File Number U | | |
|--|--|--|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested | | | |
| 8 Name and address of Business (including trade name if any) Name Operating Engineers Credit Union Trade Name if any PO Box Bldg Room No if any Street 250 North Canyons Parkway City Livermore State California ZIP Code + 4 94551 | 9 Business deals with | | |
| 10 If 9 b or 9 c is checked give trust or employer's name | 11 a Nature of such dealing | <u> </u> | |
| Name Trade Name if any P O Box Bldg Room No if any Street | Local Union credit union | | |
| | 11 b Approximate dollar value of such dealing | N/A | |
| State ZIP Code + 4 | Board meeting fee and Christmas gi | ft | |
| | 12 b Amount | \$1 395 | |
| _C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | | | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) | 14 a Nature of payment | 1 | |
| Name | | Andreas de la constante de la | |
| Trade Name if any | | | |
| P O Box Bldg Room No If any | | | |
| Street | | | |
| City | | | |
| State ZiP Code + 4 | The Miller Maller Lad Touth delical hadron singuight the device years of programming and programming agreement and the contractions of the contraction of the contrac | AND THE PROPERTY OF THE PROPER | |
| 13 b ts the Business an Employer or Consultant 7 | 14 b Amount of payment | | |

| Name of Person Filing Robert Wise | File Number U | | |
|--|-------------------------|--|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested | | | |
| 8 Name and address of Business (including trade name if any) Name McMorgan & Co Trade Name if any P O Box Bldg Room No if any Street 1 Bush Street Suite 800 City San Francisco State California ZIP Code + 4 94104 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4 | 9 Business deals with | | |
| | 12 b Amount \$375 | | |
| C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | or other thing of value | | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any | 14 a Nature of payment. | | |
| Street City ZIP Code + 4 | | | |
| 13 b Is the Business an Employer or Consultant ? | 14 b Amount of payment. | | |

| Name of Person Filing Robert Wise | | File Number U | |
|--|---|----------------------|-----------------|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested | | | |
| 8 Name and address of Business (including trade name if any) Name Associated Third Party Administrators Trade Name if any ATPA P O Box Bidg Room No if any Street 1640 South Loop Road City Alameda State California ZIP Code + 4 94502 | 9 Business deals with a Labor Organiza b Trust c Employer | tion | |
| 10 If 9 b or 9 c is checked give trust or employer's name Name Operating Engineers Trust Funds Trade Name if any PO Box Bidg Room No if any | 11 a Nature of such deali Provides third parthe Local Union s trust funds | ty administration | |
| Street 1640 South Loop Road City Alameda State California ZIP Code + 4 94502 | 11 b Approximate dollar value 12 a Nature of interest hele Attended lunches by ATPA | d or income received | r events hosted |
| | 12 b Amount | | \$250 |
| _C_Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money | | | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4 | 14 a Nature of payment. | | |
| 13 b Is the Business an Employer or Consultant ? | 14 b Amount of payment. | | |

| Name of Person Filing Robert Wise | File Number U | | |
|---|---|--|--|
| Part B Continuation Pag∋ | | | |
| or leasing to or otherwise dealing with the business of an employer whose en | alue from a business (1) a substantial part of which consists of buying from selling imployees your labor organization represents or is actively seeking to represent or directly to or otherwise dealing with your labor organization or with a trust in which | | |
| 8 Name and address of Business (including trade name if any) Name Hemming Morse Trade Name if any PO Box Bldg Room No if any Street 160 Spear Street Suite 1900 City San Francisco State California ZIP Code + 4 94105 10 If 9 b or 9 c is checked give trust or employer's name Name Operating Engineers Trust Funds Trade Name if any PO Box Bldg Room No if any Street 1640 South Loop Road | 9 Business deals with a Labor Organization b Trust c Employer 11 a Nature of such dealing Hemming Morse is the CPA for the Operating Engineers Trust Funds | | |
| City Alameda | | | |
| State California ZIP Code + 4 94502 | 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Christmas gift | | |
| | | | |

12 b Amount

| ~\$ | _ | ~ _ |
|-----|---|-----|
| | A | 4 |
| | | |

| Name of Person Filing Robert Wise | File Number U | |
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| 8 Name and address of Business (including trade name if any) | 9 Business deals with | |
|--|---|---|
| Name Operating Engineers Local Union No 3 | a Labor Organization | |
| Trade Name If any Trust Funds | | |
| PO Box Bidg Room No If any | b Trust | |
| Street 1640 So Loop Rd | c Employer | |
| City Alameda | | |
| State California ZIP Code + 4 94502 | | |
| 10 If 9 b or 9 c is checked give trust or employer's name | 11 a Nature of such dealing | |
| Name | Local Union s Trust Fund | |
| P O Box Bldg Room No If any | | |
| Street | | |
| City | | *************************************** |
| State ZIP Code + 4 | 11 b Approximate dollar value of such dealing | |
| | 12 a Nature of interest held or income received | |
| | Meeting regarding Trust Fund issue: | s |
| | | |
| | | - |
| | | |
| | 12 b Amount | \$105 |

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